

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/1618596</i>	FILING DATE		
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	IND.	DEP.	IND.	DEP.
1	/		/			51			
2	/		/			52			
3	/		/			53			
4	/		/			54			
5	/		/			55			
6	/		/			56			
7	/		/			57			
8	/		/			58			
9	/		/			59			
10	/		/			60			
11	/		/			61			
12	/		/			62			
13						63			
14						64			
15						65			
16						66			
17						67			
18						68			
19						69			
20						70			
21						71			
22						72			
23						73			
24						74			
25						75			
26						76			
27						77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	9		1			TOTAL IND.			
TOTAL DEP.	9		0			TOTAL DEP.			
TOTAL CLAIMS	17		1			TOTAL CLAIMS			